



**Christian Family Service Centre  
Cheerland Kindergarten & Child Care Centre  
2026-2027 Admission Application (3-6 Ages Classes)**

**For School Use Only**

App. No.: \_\_\_\_\_

Date of Submission: \_\_\_\_\_

Student No.: \_\_\_\_\_

**I. Applicant's Information (Write in Block Letter)**

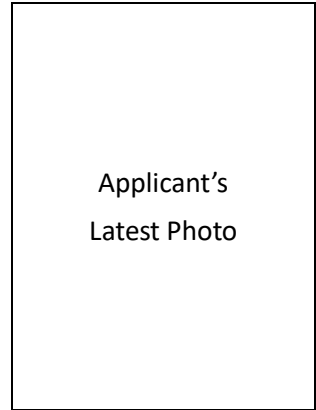
Student Name: (Chi) \_\_\_\_\_ (Eng) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birth Certificate No: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Contact No: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_ (DD/MM/YY)



**II. Parents' Information**

Father's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Occupation: \_\_\_\_\_

**III. Others (Please "✓" as appropriate. \*Please delete as appropriate.)**

Reason for applying: \_\_\_\_\_

Other service in process: \_\_\_\_\_

Referred by:  Self-application  Friends and Relatives  Promotion (\*Leaflet/Poster/Exhibition/Internet)

Others \_\_\_\_\_

Siblings study in this school (Name / Year) \_\_\_\_\_

**IV. Documents and Fee required**

1. Completed Application Form
2. Copy of applicant's Birth Certificate
3. Copy of applicant's Immunization record
4. Two envelopes with address, student name and stamp(s)
5. \$40 Application Fee (Cash is accepted. For mail application, please deposit the application fee to HSBC A/C No: 030-001580-006 and return with the receipt. )

\*All submission of documents can be in person or by post.

\*Incomplete documents will not be processed.

**Please "✓" as appropriate.**

I certify the above provided information is correct and for school reference only. I understand that I can contact the school for any changes. According to PDPO, all application forms of unsuccessful applicants will be shredded.

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Revised date: 5/2025)